

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket No.	VOS-121
		First Named Inventor	Hans-Dieter ZUCHT, et al.
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted After Initial Filing	Application Number		
	Filing Date	July 6, 2006	
	Group Art Unit		
	Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND SYSTEMS FOR THE IDENTIFICATION AND CHARACTERIZATION OF PEPTIDES AND THEIR FUNCTIONAL RELATIONSHIPS BY USE OF MEASURES OF CORRELATION

the specification of which:

- is attached hereto:
- was filed as PCT International Application Number PCT/EP2005/000090 on January 7, 2005 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign applications(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto

DECLARATION -**UTILITY or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Patent Application or PCT Parent Number	Parent Patent Number (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP2005/000090	(01/07/2005)	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the individuals of the firm of Olson & Hierl, Ltd., associated with the following customer number, to prosecute this application and to transact all business connected herewith in the Patent and Trademark Office

CUSTOMER NUMBER 002387

Whose name/registration numbers are listed below.

Name	Registration Number	Name	Registration Number
Arne M. Olson	30,203	Michael A. Hierl	29,807
Dolores T. Kenney	31,269	Talivaldis Cepuritis	20,818
Seymour Rothstein	19,369	Dennis H. Ma	46,890
Joseph M. Kuo	38,943	Bruce R. Mansfield	29,086
Robert J. Ross	45,058	Matthew D. Kellam	48,442

and the undersigned hereby authorize the U.S. attorney(s) or agent(s) named herein to accept and follow instructions from the European Patent Attorneys of the firm of Dr. Volker Vossius, Patentanwalt, Geibelstrasse 6, 81679 Munich, Germany, as to any action to be taken in the USPTO regarding this application without direct communication between the U.S. attorney(s) or agent(s) and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney(s) or agent(s) named herein will be so notified by the undersigned, undersigned's Assignee or successor in interest, or agent thereof.

Direct all correspondence to: **CUSTOMER NUMBER** 002387 Whose name is listed below.

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Country: US Telephone: (312) 580-1180 Fax: (312) 580-1189

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle, if any)	Family name or Surname
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Hams-Dieter	ZUCHT
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Inventor's Signature	Date
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Residence	City: Hannover	State:	Country: Germany	Citizenship: Germany
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) Sheets(s) attached here.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature		Date:		
Residence	City:	State:	Country:	Citizenship:
Post Office Address:				
City:		State:	Zip:	Country: